

Signature School
Transfer Application*
2020-2021 School Year

*For current high school students applying to transfer to Signature School for the 2020-2021 school year

Application Instructions

1. Complete and sign the following two pages (complete all required fields and answer response questions **by hand** in blue or black ink).
2. Bring the completed application and attachments to the Signature School front desk between the hours of 7AM and 4PM on any school day. We will also accept application materials by regular mail (Signature School, Attn: Admissions, 610 Main Street, Evansville, IN 47708); we DO NOT accept applications by fax or email. It is the responsibility of the applicant to verify the receipt of all materials by Signature School.
3. Please note that transfer application waiting status is determined by the order in which the applications are received. Also note that enrollment of transfer students is determined by the building capacity, individual class sizes, and the ability to accommodate the individual applicant's class scheduling needs.
4. This completed application expires with the beginning of the new open application period, which begins on Tuesday, November 3, 2020 at 7AM.
5. Primary means of communication from Signature School will be via email. It is the responsibility of the applicant to keep email addresses up-to-date with Signature School.
6. Within 4 weeks of submitting the transfer application, each of the following items must be received by Signature School:
 - a) Copy of student's transcript or copies of semester report cards for each completed semester of high school (Ninth graders must include middle school grades.)
 - b) Copy of student's most recent report card or progress report
 - c) Copy of student's most recent ISTEP+ or other state testing results
 - d) Copy of student's IEP or 504 (if applicable)

If these items are not received within the allotted 4 weeks, the student's name will be placed at the end of the waiting list.

7. An official transcript reflecting the last semester completed must be received in order to be enrolled.

Please see the school website for more information regarding the application process:

www.signature.edu

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Student Information

Name: _____
(Last) (First) (Middle)

Sex: M or F (circle one) Birth Date: __/__/____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Student Email: _____

Home Phone: _____ Student Cell Phone: _____

Public School Corporation in which the student resides: _____

Is the student a 21st Century Scholar? Yes or No (circle one)

Is the student currently receiving accommodations under an IEP/504? Yes or No (circle one)

Does the student have any siblings currently attending Signature School? Yes or No (circle one) If yes, please list name(s).

Is the student currently under either expulsion or suspension from another school? Yes or No (circle one)

If the answer to the above question is "yes" an explanation of the circumstances leading to suspension or expulsion will be required at the time the application is submitted.

Please note: Subject to Signature School's Admissions and Lottery procedures, you must promptly contact the Executive Director of Signature School if the student applying for admission is either suspended or expelled at any time between the date this application is submitted to Signature School and the first day of class in the semester for which the student seeks to enroll.

Current School Information

Current School: _____ 2019-20 Grade: _____

Current School Address: _____

Current School City: _____ State _____ Zip: _____

Current School Phone: _____ Current School Fax: _____

Parent/Guardian Information

Parent/Guardian #1

Prefix: _____ Name: _____

Relationship to Student: _____

Address if different from student: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Student lives with this parent/guardian (choose one): Full-time ___ Part-time ___ Does not live with this parent/guardian ___

Parent/Guardian #2

Prefix: _____ Name: _____

Relationship to Student: _____

Address if different from student: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Student lives with this parent/guardian (choose one): Full-time ___ Part-time ___ Does not live with this parent/guardian ___

